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ABSTRACT

Virtually all counseling theories have viewed counselor empathic ability as an important condition for counseling, while the concept of countertransference, any therapist feelings or attitudes toward the client, has had a much shakier history. A two-part counseling analogue was designed to examine the relationship of male counselor trainees' (N=22) empathic ability to measures of countertransference behavior and countertransference feelings. Results revealed that empathy was negatively related to countertransference behavior with seductive female clients, but not with hostile or neutral clients. Counselor empathic ability was positively related to counselor reports of openness to countertransference feelings. The findings suggest, however, that there is a limit as to how often countertransference feelings may be experienced in a given counseling session without spilling over into countertransference behavior. (Author/JAC)

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Countertransference and Empathy: The Complex Relationship Between Two Divergent Concepts in Counseling

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Countertransference And Empathy:

The Complex Relationship Between Two Divergent Concepts in Counseling

The present study attempts to explore the heretofore empirically unexamined relationship of two counselor variables that have been theorized as central to the process and outcome of counseling: counselor empathic ability and counselor countertransference. Virtually all theories of counseling have viewed the former construct, counselor empathic ability, as an important if not essential condition for successful counseling. The theorized relationship of empathy to outcome has been particularly notable within the humanistic framework, where it is often viewed as one of the necessary and sufficient conditions for successful intervention.

While counselor empathy has been variously seen as important, necessary, or sufficient, the concept of countertransference has had a much shakier history over the approximately 70 years since Freud first used the term (Freud, 1910). For many years, therapist countertransference was viewed as something within the therapist which needed to be done away with. Early theoreticians, led by Freud himself (Freud, 1910, 1912a, 1912b), defined countertransference in a highly restrictive way, as the analyst's transference reaction (by definition, neurotic) to the analysand in general and the analysand's transference in particular. Such reactions were to be eliminated or at least minimized by, for example, the analyst's own training analysis. Over the years, the definition of countertransference was broadened considerably to include any therapist feelings or attitudes toward the client (Evans, Note 1; Fromm-Reichmann, 1950; Giovacchini, 1975). Along with the broadened

definition has emerged the view that counselor countertransference is an inevitability and that it may make a highly positive contribution to the therapeutic experience. That is, if the counselor is able to understand and work with the inevitable conflictual feelings s/he experiences toward the client, therapeutic progress may be enhanced.

A subtle, usually implicit, but important part of the modification in the definition of and attitude toward countertransference over the years is that the earlier version seemed to focus on therapists' manifest behavior, while the current definition is more attentive to the therapist's internal reactions, his/her feelings and attitudes. The present investigation utilizes this distinction in examining how empathic ability may be related differentially to a measure of countertransference behavior and counselors' reports of countertransference feelings.

If countertransference has had a shaky history in psychoanalysis, the theoretical system within which this construct is embedded, it has had an even more conflictual history in counseling psychology. That may be so because psychoanalysis itself has not been well received in counseling, perhaps due to the former's historical enchantment with psychopathological processes and very long-term intervention. As these orientations have shifted over the years, e.g., with the advent of ego psychology among other things, there is some evidence that the relationship between psychoanalysis and counseling psychology is becoming more positive. (See Bordin's, 1980, exploration of the important role of psychodynamic theory in time-limited counseling.) Thus, the study of psychoanalytic constructs (e.g., countertransference) and their relationships to constructs central for counseling (e.g. empathy) becomes increasingly relevant to counseling psychology.

What are the theoretical bases for the expectation that empathy and countertransference, two constructs rarely used in conjunction with one another, are interrelated? According to psychoanalytic theory, both empathy and countertransference feelings and behavior result from an identification (necessarily partial) with the client (Bachrach, 1976; Beres & Arlow, 1974; Reik, 1964). Identification within an empathic process allows the counselor to experience and thus know what the client is experiencing. Countertransference emerges, however, when something goes awry in this identification. That is, the client's transference or non-transference reactions touch the counselor in an unresolved area, and result in conflictual and irrational internal reactions. Now, there are both theoretical (e.g., Greenson, 1960) and empirical (e.g., Cahoon, 1968; Fish, 1970) reasons to expect that counselors who are highly empathic are also sensitive to the nuances of their own emotional life. That is, the wish to make contact with and partake of other people's feelings, learned very early, is closely aligned in the psyche with the need to be sensitive to one's own feelings. Such sensitivity would allow the counselor to deal effectively with conflictual/irrational internal reactions to clients --- without acting them out against the client. Conversely, unempathic counselors are less likely to be open to their own experiencing and, ipso facto, might be expected to act out such feelings irrationally. The central assumption here is that empathic counselors, as part and parcel of their empathic ability, are more receptive to their own internal processes. Therefore, when confronted by conflictual or irrational reactions triggered by material from the client, the empathic counselor is better able to understand and modulate these internal responses, and accordingly is less likely to exhibit them in manifest behavior.

Along a somewhat different vein, prior research (Cutler, 1958) suggests that counselors may manifest countertransference behavior by (a) over- or under-emphasizing client material that is emotionally threatening, and (b) rigidly withdrawing personal involvement in the work. Withdrawal of personal involvement would likely take the form of the counselor's exclusion of him/-herself from interpretations to the client. An example, as Yulis and Kiesler (1968) note, is that when either statement would be technically "correct", the counselor would more likely interject, "You're quite angry, aren't you?" rather than, "You are quite angry with me, aren't you?"

The present study employed the second index of countertransference behavior, i.e., the withdrawal of personal involvement. The study was a two-part investigation, with the first part addressing the question of the relationship of counselor empathic ability to countertransference behavior in topical areas that might be expected to elicit counselor conflicts, sex and hostility. The second part, more pilot in nature, sought to determine if counselors' reports of countertransference feelings, e.g., their receptivity to such feelings, was related to empathic ability. Our theoretically-based prediction was that empathic ability would be negatively related to counter-transference behavior but positively related to receptivity to counter-transference feelings. We further expected that countertransference behavior and receptivity to countertransference feelings would themselves be negatively interrelated.

Method

Subjects

The counselor subjects were 22 male doctoral students in counseling psychology, counselor education, or clinical psychology at a large public

university in the East. They ranged from second to fourth year in their respective training programs. All had at least one semester of supervised counseling experiences prior to the study, and were currently seeing clients under supervision. Although the theoretical backgrounds of the counselors were eclectic, their training had a strong psychodynamic element for the most part, and all counselors reported being familiar with the countertransference construct.

The client subjects, employed in Part 1 of the study, were 22 female undergraduate volunteers from an introductory psychology course. They were asked to talk with a counselor-in-training for one hour about a real (to them) personal/social problem and then to complete a questionnaire. Client subjects were assured of confidentiality, and upon completion of the questionnaire following the session, were debriefed in writing if they so desired. Students were given course credit for participation in the experiment.

Instrumentation

The Barrett-Leonard Relationship Inventory (BLRI; Barrett-Leonard, 1962) was used to assess counselor empathic ability. Although the BLRI consists of five subscales and was given in its entirety, only the empathic understanding subscale was scored for the present study. Each subscale consists of approximately 17 statements reflecting the measured dimension. All items are either positively or negatively valenced, and clients respond along a continuum from -3 (strongly disagree) to +3 (strongly agree). A great deal of reliability and validity data have been gathered on the BLRI and much of these data are summarized in Gurman (1977). The BLRI appears to be impressively reliable and valid relative to other assessment devices in the area of counselor empathy.

Counselor countertransference behavior was assessed by a procedure developed by Yulis and Kiesler (1968). This procedure consists of three 15 minute tapes of client-actresses playing the role of a hostile client, a seductive client, and a neutral client with respect to hostility and seductiveness. Each of the three audiotapes consists of 10 stopping points at which the counselor selects one of two interpretive responses. One of the alternative responses interpreted the implication of the client's preceding statement for the relationship with the counselor. This choice represented the counselor's personal involvement. The second possible counselor response at each choice point interpreted the client's preceding statement without reference to the counselor. The choice of the second response reflected the operation of countertransference behavior.

The three tapes portrayed clients making affect statements the object of which was either the counselor or significant persons in the client's life. The seductive client talked about her relations with husband, past sexual experiences, and her perceptions of the counselor's opinion of her behavior; the hostile client described her struggles with mother, authority figures at work, and her distrust of the counselor's ability and interest in her; the neutral client (with respect to sex and hostility) focused on her fear of engaging in life, and passively asked for the counselor's support.

Yulis and Kiesler (1968) were able to demonstrate that these three tapes accurately and reliably depicted the three types. Regarding the 30 points in the tapes (10 per tape) at which the counselors were to select one of two interpretive responses, Yulis and Kiesler carefully developed the alternative counselor responses so that expert judges felt (a) each was "correct" in terms of the client providing material to make both of them feasible, and (b) the

main difference between the two alternatives at each point (i.e., 30 points in the tapes) was the degree of personal involvement they reflected.

A specially devised questionnaire was used to assess counselor reports of countertransference feelings (as distinct from behavior). This Counter-transference Survey stated that, "Countertransference feelings are a group of emotionally laden attitudes and feelings which may be evoked in the therapist within and due to a therapeutic relationship with a client." The questionnaire asked subjects to rate nine statements in terms of their appropriateness to the counselor's experience in insight-oriented counseling. Of particular interest for the current study were the four items asking counselors to rate (a) the usefulness and value of countertransference feelings, (b) the percentage of clients with whom such feelings were experienced, (c) the percentage of time during a session that countertransference feelings typically occurred, and (d) the extent to which such feelings occurred within vs. outside of the session. As reliability and validity data had not been gathered on this instrument, the phase of this study employing the Countertransference Survey is considered exploratory. It should be noted, however, that three Ph.D. counseling and clinical psychologists examined the questionnaire and believed it had acceptable face validity.

Procedure

The counselors were asked to participate in an experiment on aspects of the therapeutic relationship. The first part of the study aimed to establish the level of the counselors' empathic ability. This was accomplished by a one hour counseling session with one female volunteer client. The counselor was asked to conduct an insight-oriented counseling session with a client who was prepared to discuss a real personal/social problem. Counselors were instructed

to make referrals to the campus's counseling center at the end of the session, when appropriate. Immediately following the session, and alone in another room, the volunteer client completed the BLRI.

One week later, the counselors listened and responded to the audiotapes of three client types. Each counselor listened via a headset, and was asked to assume the set of an ongoing, insight-oriented therapy relationship between himself and the client on tape. Counselors were asked to view the audiotaped session as representative of a session occurring after the counselor-client relationship had been firmly established. The counselors were randomly assigned to one of the six possible orders of presentation of the three client types for control of possible order effects. The counselors selected their responses from a booklet of printed responses designed by Yulis and Kiesler. Upon completion of the audiotape task, the counselors were asked to complete the Countertransference Survey.

Analysis

This was essentially a correlational analogue study as described by Gelso (1979). Responses to the 10 segments of each of the three Yulis and Kiesler tapes were scored as either 0 (personally-involving interpretation) or 1 (uninvolving interpretation), allowing each counselor to have a score from 0 to 10 for each tape. Empathy scores on the BRLI were then correlated with these countertransference behavior scores separately for the hostile, seductive, and neutral client, using Pearson coefficients. Alpha (two-tailed tests) was set at .05 for this phase of the study.

The second part of the study entailed computation of Pearson r's between the four relevant items of the Countertransference Survey and (a) BLRI scores, and (b) scores from each of the three Yulis and Kiesler tapes

(countertransference behavior scores). Since this part of the study was considered exploratory, alpha was set at .10 (two-tailed). We felt that the cost of a Type II error at this stage of the research warranted the more liberal alpha (see Hayes, 1973, discussion of this issue).

Results

Pearson correlations between the BLRI empathy scores and countertransference behavior assessed through counelors' responses to the Yulis and Kiesler tapes were, for the hostile client (-.25, p = NS), the seductive client (-.50, $p < .05$), and the neutral client (.06, p = NS). Thus, consistent with the researchers' expectations, empathy was negatively related to the manifestation of countertransference behavior for the seductive client. This relationship was not upheld for the hostile or neutral client.

It should be noted that means for countertransference behavior in counselors' responses to the three taped clients indicated that counselors typically made personally involving interpretations (the opposite of countertransference) slightly over half the time. This is greater than the pattern found by Yulis and Kiesler, and probably reflects the fact that counselors in the present study (but not in Yulis and Kiesler) were asked to assume that the session took place after the counselor-client relationship had been firmly established.

Part 2 of the study entailed correlations between relevant items from the Countertransference Survey and (a) BLRI empathy, and (b) countertransference behavior as determined by responses to the three taped clients. It should be noted that all counselors agreed with an item on the Survey asking if countertransference feelings occurred in their therapeutic work.

As indicated, four items from the Countertransference Survey were of particular interest to the present study. These asked counselors (a) if countertransference feelings are very useful and valuable (1 - strongly disagree to 5 - strongly agree); (b) the percentage of clients with whom the counselor experienced countertransference feelings; (c) if countertransference feelings are experienced more within than outside the session (1 - strongly disagree to 5 - strongly agree); and (d) how often during sessions did the counselor experience countertransference feelings (in percentages). It was found that "a", and "b" and "c" above were significantly interrelated (r's for "a" and "b" = .80, p .01; "a" and "c" = .54, p .05; and between "b" and "c" = .55, p <.05). Thus reports of the value and usefulness of countertransference, of the percentage of clients with whom it is experienced, and of the extent to which it is the experienced within vs. outside of the session are all positively related to each other. Because of this, in light of the small sample size and the already lenient alpha, the three items were combined into what we have labeled an index of "openness to countertransference feelings." This index will be used in the analysis that follows.

Table 1 presents the correlation coefficients among the above index of openness to countertransference feelings, item "d" in the Survey asking how often countertransference feelings occur in sessions (called "amount" in Table 1), BLRI empathy scores, and countertransference behavior scores based on responses to the three taped clients.

Insert Table 1 About Here

As may be observed in the table, the amount of countertransference feelings that occur within sessions is unrelated to openness to such feelings. Consistent with our predictions, openness to countertransference feelings is positively and significantly related to empathy scores. As predicted, the openness index is negatively related to the manifestation of countertransference behavior for the three client types, although these relationships fail to attain statistical significance. While we did not make predictions about the relationship of amount of countertransference feelings during sessions with the other variables, it is noteworthy that amount (actually, ratings of how often such feelings occur, in percentage terms) is negatively related to empathy and positively related to countertransference behavior. Statistical significance is attained on these latter correlations for the hostile and the seductive client.

Discussion

A central finding of this study was that counselor empathic ability was negatively related to the manifestation of countertransference behavior with seductive clients, but not with hostile clients or clients whose problems were neutral with respect to sex and aggression. In attempting to understand these results, it is worth remembering that this experiment contained cross-sexed counselor-client dyads, specifically male counselors and female clients (i.e., the audiotaped clients). It may be that sexual provocativeness on the part of the client in such dyads is particularly threatening to counselors. When the threat involved is high, it seems likely that empathic abilities would need to come into play if the withdrawal of personal involvement by the counselor, our operational definition of countertransference behavior, is to be avoided. This explanation reflects the hypothesis that the counselor's general empathic

ability is most facilitative of appropriate personal involvement (and preventive of countertransference behavior) when the threat in the therapeutic situation is greatest for the counselor. While the present data provide no direct test of this hypothesis, it appears to us to be one worth pursuing in further research.

We had predicted that empathic ability and countertransference behavior would be negatively interrelated in therapeutic situations that were likely to be conflictual for the counselor --- those involving sexual and aggressive material (i.e., with the seductive and hostile clients). While the correlation of empathy and countertransference behavior for the hostile client was in the expected direction, however, it failed to attain statistical significance. Thus, it appears that more or less empathic male counselors are equally able to be involved personally with the client when she is hostile. Empathic ability, perhaps beyond some minimal level, is not required for such involvement. It would be important to determine if this pattern is upheld for same-sexed and female counselor-male client dyads, as well as to study what attributes in the counselor or therapist are predictive of involvement-detachment with hostile clients.

While the index of countertransference behavior employed in this study was negatively related to empathic ability, our measure of receptivity or openness to countertransference feelings, based on counselor reports, was positively related to empathic ability. Thus, counselors with high empathic ability are at once more open to conflictual feelings aroused by their clients and less likely to act out their countertransference reactions, at least with certain kinds of clients, e.g., seductive clients. Such findings support the notion that empathic ability underlies or at least is part of a constellation of

qualities in the counselor and may mediate both how internal reactions are dealt with and manifested in overt behavior.

While openness to conflictual (countertransference) feelings aroused by the client seems indicative of empathy in counselors, and although such openness does not hinder and may facilitate (note trends) appropriate personal involvement, apparently there is a limit to how much or often such feelings should occur in the work. Thus, the amount of time within sessions that counselors reported experiencing countertransference feelings was significantly and positively related to the manifestation of countertransference behavior with both hostile and seductive clients. This finding is consistent with the researchers' clinical and supervisory observations that therapists can spend too much session time attending to their own feelings toward the client. Further, counselors who become so preoccupied are likely to be the ones who also become entrapped in countertransference-based behavior with their clients, such as the withdrawal of personally-involving interpretations.

At this point, it would be worth underscoring an assumption inherent in this research. That is, countertransference behavior was operationalized in terms of withdrawal of personal involvement, e.g., the failure to make transference-related interpretations when the material existed for such interpretations and after the working alliance was firmly established. Is this definition appropriate? As indicated earlier, the withdrawal of involvement is but one signal of countertransference --- and, further, it may not always mean that. At the same time, such withdrawal has indeed been employed as an index of countertransference in psychoanalytic theory, the perspective from which the construct originated (see Cutler, 1958; Singer & Luborsky, 1977; Yulis & Kiesler, 1968). It should be noted, though, that one of the central

difficulties in conducting research on psychoanalytic constructs in general resides in operationalizing highly abstract and global formulations. This issue may underlie why Singer and Luborsky (1977) were able to locate so few quantitative studies on countertransference --- and even fewer that were really pertinent to clinical theory or practice.

We would like to conclude by acknowledging the limitations of the current effort --- relatively small sample size, the use of homemade measure for Part II, the essentially analogue nature of the design, etc. We offer, though, that the study's main contribution may not reside so much in the substantive findings, as in its heuristic value in beginning empirical research on psychoanalytic constructs in counseling, and how some of these central constructs, such as countertransference, may and may not be related to factors that have a long history in counseling, e.g., empathy.

Table 1

Correlations Among Items from the Countertransference Survey, BLRI Empathy, and Countertransference Behavior from Responses to Taped Clients (n=17)

		BLRI	Countertransference Behavior		
Countertransference Feelings	Amount	Empathy	Hostile Clt.	Seductive Clt.	Neutral Clt
Amount of time counter-transference experienced within session	-	-.36	48**	.44*	.25
Openness to Counter-transference feelings	.02	.42*	-.21	-.28	-.03

* = P. <.10
** = p. <.05

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